



Incident Report

Print Date/Time: 05/26/2016 13:11
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00009749

Incident Date/Time: 5/22/2016 2:30:00 PM
Location: 1819 VERNON RD
LAKE STEVENS WA 98258
Phone Number: (425) 308-2958
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 4
Nature of Call:

Unit/Personnel

Unit	Personnel
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SHRIVER, SAMUEL T					10/02/1988
2	Reporting Party	TERHENE, DAN		(425) 308-2958			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AFA4418	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

05/22/2016 : 15:35:55 SP0403 Narrative: TOW OS

05/22/2016 : 15:20:27 SP0403 Narrative: ANGEL TOW ER

05/22/2016 : 15:19:25 SP0403 Narrative: 19S15, NEXT TOW FOR 3 ROUND HEAVY FRONT END DAMAGE

05/22/2016 : 15:18:59 SP0323 Narrative: PUD WAS ADVISED AT 1500

05/22/2016 : 15:02:34 SP0323 Narrative: HYDRANT SHEARED OFF

05/22/2016 : 14:52:25 SP0082 Narrative: HOLD OFF ON CONFIRMING FRANK ON SHRIVER

05/22/2016 : 14:40:53 SP0189 Narrative: 1 YEL PT, NO TRANS NEEDED YET, WILL ADV

05/22/2016 : 14:40:45 SP0082 Narrative: AA 19S15

05/22/2016 : 14:40:03 SP0189 Narrative: REQ PD, HEAVY DMG, HYD SHEARED OFF,

05/22/2016 : 14:31:40 sp0204 Narrative: NON BLKING, LR338

05/22/2016 : 14:31:05 sp0204 Narrative: BLK LEX SUV L/AFA4418 , INTO A HYDRANT

05/22/2016 : 14:30:58 SP0082 Narrative: BDCST

05/22/2016 : 14:30:33 sp0204 Narrative: IFO LOC, NON INJ, 1 CAR


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E545968

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
CASE # 2016-00009749
LOCAL AGENCY CODING
TOTAL # OF UNITS 02 **OBJECT STRUCK FIRE HYDRANT**

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	05	-	22	-	2016	1430	31				S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
VERNON RD **BLOCK NO. ☒ 1819**
MILE POST ☐

DISTANCE	400	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	LUNDEEN PKWY
			FEET	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> W		

UNIT 01 **MOTOR VEHICLE ☒** **PEDAL-CYCLE ☐** **DAMAGE THRESHOLD MET ☒ YES ☐ NO** **PHONE D: 4253436313**
LAST NAME SHRIVER **FIRST NAME SAMUEL** **MIDDLE INITIAL T**
STREET NEW ADDRESS 8206 51ST AVE NE
CITY MARYSVILLE **ST WA** **ZIP 98270**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # SHRIVST124PB **STATE WA** **SEX M** **D.O.B. MMDDYYYY 10 - 02 - 1988**
ON DUTY ☐ **STATUS** **AIRBAG 3** **RESTR. 4** **EJECT 1** **HELMET USE 2** **INJURY CLASS 1** **NATURE OF INJURIES**
LICENSE PLATE # AFA4418 **STATE WA** **VIN# JT6HF10U1Y0153547**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR 2000 **MAKE LEXU** **MODEL RX300** **STYLE SV** **VEHICLE TOWED YES ☐ NO ☒** **TOWED BY** **GOVT. VEHICLE YES ☐ NO ☒**

REGISTERED OWNER INFO. CATHERINE SHRIVER 8206 51ST AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY # VERN FONK**
VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
UNIT 02 **MOTOR VEHICLE ☐** **PEDAL-CYCLE ☐** **PEDESTRIAN ☐** **PROPERTY OWNER ☒** **DAMAGE THRESHOLD MET ☒ YES ☐ NO** **PHONE D: 4257831000**
LAST NAME SNOHOMISH COUNTY PUD **FIRST NAME** **MIDDLE INITIAL**
STREET NEW ADDRESS 2320 CALIFORNIA ST
CITY EVERETT **ST WA** **ZIP 98201**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # **STATE** **SEX U** **D.O.B. MMDDYYYY**
ON DUTY ☐ **STATUS** **AIRBAG** **RESTR.** **EJECT** **HELMET USE** **INJURY CLASS** **NATURE OF INJURIES**
LICENSE PLATE # **STATE** **VIN#**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR **MAKE** **MODEL** **STYLE** **VEHICLE TOWED YES ☐ NO ☐** **TOWED BY** **GOVT. VEHICLE YES ☐ NO ☐**

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #**
VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
OFFICER'S NAME (PRINT) M. HINGTEN **BADGE OR ID # 0126** **AGENCY WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E545968**CASE # **2016-00009749**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #1 was traveling northbound on Vernon Rd towards the roundabout at Vernon Rd and Lundeen Pkwy. In the 1800 blk of Vernon Rd, Veh #1 drifted to the right, onto the shoulder of the roadway. Veh #1 drifted into a gravel area and impacted a yellow fire hydrant. The impact caused the drivers side front tire to get severely damaged. The fire hydrant was sheered off and was approximately 6' from the original location.

The driver of Veh #1 stated that he had fallen asleep. He stated that he had been up all night and hadn't slept. He stated he realized that he was falling asleep just prior to the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN
05-22-16 05:22 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

5/23/2016 6:17:39 AM

BADGE OR ID #

0126

ORI #

WA0311900

TIME POLICE DISPATCHED

2:30 PM

TIME POLICE ARRIVED

2:44 PM

REPORT NO. E545968

CASE # 2016-00009749

DATE AND TIME
OF COLLISION 05/22/16 14:30

